

Corporate Medical Policy

Speech Generating Devices

File Name: speech_generating_devices
Origination: 10/2006
Last CAP Review: 9/2018
Next CAP Review: 9/2019
Last Review: 9/2018

Description of Procedure or Service

Speech generating devices or augmentative communication equipment, are durable medical equipment used for communication by individuals with severe speech impairment, who do not have the ability to communicate with speech or alternatives to speech, such as writing and sign language.

Speech generating devices provide multiple methods of message formulation and are used therapeutically to establish, develop, or maintain the ability to communicate functional needs. These devices or aids are electronic and computer based and can generate synthesized (computer-generated) and/or digitized (natural human) speech output. Speech may be generated using one of the following methods:

- Digitized audible/verbal speech output, using prerecorded messages;
- Synthesized audible/verbal speech output which requires message formulation by spelling and device access by physical contact with the device-direct selection techniques;
- Synthesized audible/verbal speech output which permits multiple methods of message formulation and multiple methods of device access; or
- Software that allows a computer or other electronic device to generate speech

Note: This policy does not apply to electronic speech aids that are used by laryngectomized persons and persons with a permanently inoperative larynx. These are considered prosthetics.

Related Policy:

Durable Medical Equipment (DME)

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will provide coverage for Speech Generating Devices when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

DME Suppliers must meet eligibility and/or credentialing requirements as defined by the Plan in order to be eligible for reimbursement.

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The individual certificate should be reviewed to verify eligibility requirements and any prior approval or preauthorization necessary for the rental/purchase of equipment.

DME benefits for rental versus purchase will be determined on an individual basis. Refer to policy "Durable Medical Equipment (DME)." Benefit limits and exclusions may apply.

When Speech Generating Devices are covered

Speech generating devices and augmentative communication equipment are covered when **all** the following criteria are met:

1. Prior to the delivery of the device, the member has had a formal evaluation of their cognitive and communication abilities by a speech-language pathologist. The formal, written evaluation must include, at a minimum, the following elements:
 - a. Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
 - b. An assessment of whether the member's daily communication needs could be met using other natural modes of communication;
 - c. A description of the functional communication goals expected to be achieved and treatment options;
 - d. Rationale for selection of a specific device and any accessories;
 - e. Demonstration that the patient possesses a treatment plan that includes a training schedule for the selected device
 - f. The cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
 - g. For a subsequent upgrade to a previously issued device, information regarding the functional benefit to the patient of the upgrade compared to the initially provided device; **And**
2. The member's medical condition is one resulting in a severe expressive speech impairment; **And**
3. The member's speaking needs cannot be met using natural communication methods; **And**
4. Other forms of treatment have been considered and ruled out; **And**
5. The member's speech impairment will benefit from the device ordered; **And**
6. A copy of the speech-language pathologist's written evaluation and recommendation have been signed by the member's treating physician and provided for review; **And**
7. The speech-language pathologist performing the evaluation is not an employee of or has a financial relationship with the supplier of the device.

When Speech Generating Devices are not covered

Speech generating devices may be considered **not medically necessary** when the criteria listed above are not met, or if the device or software is not primarily and customarily used to serve a medical purpose.

The following devices would not meet the definition of Speech Generating Devices and would also be considered not medically necessary:

- Devices or software applications that are not dedicated to speech generation. A device or software that is useful to someone without severe speech impairment is not considered Durable Medical Equipment.

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- Laptop or desktop computers, smart phones, tablet PCs, software installation, and hardware or software accessories are non-covered since they are not primarily medical in nature and do not meet the definition of DME. They are not considered Speech Generating Devices.

Policy Guidelines

Accessories may be considered medically necessary if criteria for the base device are met and the medical necessity for each accessory is clearly documented in the formal evaluation by the speech-language pathologist. For any subsequent upgrade of equipment or software, or accessories to a previously issued device, information regarding the functional benefit to the member of the upgrade compared to the initially provided device must be submitted to demonstrate medical necessity. Only one device or software application at a time is considered medically necessary per member.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Centers for Medicare & Medicaid Services. National Coverage Determination for Speech Generating Devices. Manual Section Number 50.1. Retrieved 8/17/06 from <http://www.cms.hhs.gov>

Region C DMERC. Local Coverage Determination for Speech Generating Devices L11524.

Specialty Matched Consultant Advisory Panel 10/2010.

Specialty Matched Consultant Advisory Panel 9/2011.

Specialty Matched Consultant Advisory Panel 9/2012.

Specialty Matched Consultant Advisory Panel 9/2013.

Specialty Matched Consultant Advisory Panel 9/2014

Specialty Matched Consultant Advisory Panel 9/2015

Medical Director review 9/2015

The Centers for Medicare and Medicaid, Local Coverage Determination LCD L33739 Speech Generating Devices, effective date 7/1/16, reviewed on August 23, 2016 from <https://www.cms.gov/medicare-coverage-database>

Specialty Matched Consultant Advisory Panel 9/2016

Medical Director review 9/2016

Speech Generating Devices

The Centers for Medicare and Medicaid, Local Coverage Determination LCD L33739 Speech Generating Devices, effective date 1/1/17, reviewed on September 6, 2017 from <https://www.cms.gov/medicare-coverage-database>

Specialty Matched Consultant Advisory Panel 9/2017

Medical Director review 9/2017

Specialty Matched Consultant Advisory Panel 9/2018

Medical Director review 9/2018

Policy Implementation/Update Information

- 10/2/06 Notification of new policy. Speech Generating Devices may be considered medically necessary when the criteria listed in the policy are met. Medical necessity criteria includes: a formal, written evaluation of the member's cognitive and communication abilities by a speech-language pathologist; the member's medical condition is one resulting in a severe expressive speech impairment; other forms of treatment have been considered and ruled out; the member's speech impairment will benefit from the device ordered; a copy of the speech-language pathologist's written evaluation and recommendation have been forwarded to the member's treating physician prior to ordering the device. Notification given 10/2/06. Effective date 12/11/06. (adn)
- 7/28/08 Deleted the statement in the Benefits Application section that referred to the exclusion of developmental dysfunction or delay. Revised Item 6 in the "When Speech Generating Devices are covered" section to read: A copy of the speech-language pathologist's written evaluation and recommendation have been signed by the member's treating physician and provided for review. Specialty Matched Consultant Advisory Panel review 6/19/08. No change to policy statement. (adn)
- 6/22/10 Policy Number(s) removed (amw)
- 12/7/10 Specialty Matched Consultant Advisory Panel review 10/2010. No change to policy statement. (lpr)
- 10/11/11 Specialty Matched Consultant Advisory Panel review 9/28/2011. No change to policy statement (lpr).
- 10/16/12 Revised "Not Covered" section to address updated technology/software/devices. Added the statement "augmentative communication equipment" to "Covered" and description section. Statement in Policy Guidelines section changed to "Only one device or software application is considered medically necessary per member" from "Only one device or software application **at a time** is considered medically necessary per member." Specialty Matched Consultant Advisory panel review 9/21/12. (lpr)
- 10/15/13 Specialty matched consultant advisory panel review 9/18/2013. (lpr)
- 10/14/14 Specialty matched consultant advisory panel review 9/2014. No changes to policy statement. (lpr) (td)
- 10/30/15 Specialty Matched Consultant Advisory Panel review 9/30/2015. Medical Director review 9/2015. Policy intent unchanged. (td)
- 10/25/16 References updated. Specialty Matched Consultant Advisory Panel review 9/2016. Medical Director review 9/2016. (jd)
- 10/13/17 References updated. Specialty Matched Consultant Advisory Panel review 9/2017. Medical Director review 9/2017. (jd)

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10/12/18 Specialty Matched Consultant Advisory Panel review 9/2018. Medical Director review 9/2018. (jd)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.